FIND COVID-19 INFORMATION AND RESOURCES

1 INFORMATION ON TENNESSEE VACCINE PHASES

TennCare Timeline

Date	Action
• • January 1, 1994	TennCare was implemented, replacing the state's Medicaid program. TennCare covered three groups: Group 1: Medicaid eligibles
	Group 2: Uninsured people who lacked access to insurance as of a prior date (March 1, 1993) and who continued to lack access
	Group 3: Uninsurable people, meaning people who had been turned down for health insurance because of a health condition
	Manny Martins, who had been Director of Medicaid since 1987, became the new Director of TennCare.
December 31, 1994	Because TennCare enrollment was approaching capacity, the "Uninsured" category (Group 2, above) was closed. No more new Uninsured people were allowed to enroll, although persons whose Medicaid was ending and who met the "Uninsured" criteria were allowed to stay in the program. The "Uninsurable" category (Group 3, above) remained open, as did Medicaid.
April 1995	Rusty Siebert was named new TennCare Director.
May 1996	Theresa Lindsey was named new TennCare Director.
July 1, 1996	TennCare Partners, a carveout for mental health and substance abuse services, began.
August 26, 1996	An Agreed Order related to the appeals of service denials, known briefly as Grier, was entered. Grier modified an already existing Consent Decree from 1979 known as Daniels, regarding the Medicaid eligibility of individuals who previously received SSI cash payments, but no longer do.
April 1, 1997	Enrollment was re-opened to uninsured children under the age of 18. There was no income limit for eligibility in this category. Cost-sharing was required of those in this category who had incomes over the poverty level.
May 21, 1997	Enrollment was opened to "dislocated workers," who were defined as persons losing employment through a bona fide plant closing. There was no income limit for eligibility in this category, and the fact that these persons may have had access to COBRA did not disqualify them. Cost-sharing was required of those in this category who had incomes over the poverty level.
January 1, 1998	The age limit for uninsured children was extended to the 19th birthday. In addition, uninsured children living in families with incomes below 200% of the poverty level could enroll in TennCare, even if their parents had access to insurance.
March 1998	The John B. Consent Decree, which required the state to maintain the health of children enrolled in TennCare by meeting the federal Early Periodic Screening Diagnostic and Treatment (EPSDT) standards, was signed.
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Dr. Wendy Long was named the Interim Director of TennCare.

July 1998	The Rosen lawsuit, which dealt with due process rights for people being terminated from TennCare, was filed in federal court.
·	Pharmacy benefits were carved out of the BHO program and provided directly by TennCare.
December 7, 1998	Newberry, a lawsuit dealing with delivery of home health services, was filed in federal court.
January 14, 1999	Glen Jennings was named Acting TennCare Director.
February 1, 1999	Brian Lapps was named new TennCare Director.
March 31, 1999	Xantus, the third largest MCO, was placed in receivership.
June 1999	Prudential, the second smallest MCO in TennCare, gave notice that it would be leaving TennCare effective December 31, 1999. Prudential served only residents of Shelby County.
September 27, 1999	John Tighe was named Acting TennCare Director.
October 16, 1999	A Revised Consent Decree Governing TennCare Appeals, which was a follow up to <i>Grier,</i> was filed in federal court. This consent decree outlined improvements in the appeals process.
December 15, 1999	Blue Cross, TennCare's largest MCO, gave notice that it would be leaving TennCare effective July 1, 2000. Blue Cross subsequently withdrew its notice of termination.
January 2000	Governor Sundquist appointed a 17-member Commission on the Future of TennCare to make recommendations about what should be done when the TennCare waiver expired in December 2001.
January 5, 2000	An Agreed Order Governing TennCare Appeals for Children in State Custody, which was a follow up to <i>Grier,</i> was filed in federal court.
March 2000	Governor Sundquist hosted a Summit on the Future of TennCare to gather ideas from doctors, hospital executives, managed care executives, and Tennessee lawmakers about future directions for the program.
	John Tighe presented a proposal for "TennCare II" to the state legislature. The proposal outlined a new business model for TennCare that called for greater program accountability. As part of TennCare II, active recruitment was initiated to bring new MCOs into the program.
May 2000	Access MedPlus, an MCO providing TennCare services, was placed under the administrative supervision of the Tennessee Department of Commerce and Insurance (TDCI), primarily for failure to meet prompt payment

requirements.

A Remedial Plan regarding provision of TennCare services to children in state custody, a follow-up to Grier, was filed with the federal court.

June 1, 2000	Mark Reynolds was named new TennCare Director.
	Pharmacy benefits for dual eligibles (persons who are eligible for both Medicare and Medicaid) were carved out of the MCO program.
July 2000	Blue Cross ended its participation as a risk-bearing MCO and began operating under the exigency provisions of its contract, which the state could invoke to require continuation of services for up to one more year.
	John Deere, the second smallest MCO following the departure of Prudential, gave notice that it would be leaving TennCare effective January 1, 2001. John Deere subsequently withdrew its notice of termination.
July 31, 2000	The Revised Consent Decree Governing TennCare Appeals of October 16, 1999, also known as <i>Grier</i> , was modified to clarify its terms and allow more time for full implementation.
September 2000	A three-judge panel of the Sixth Circuit Court of Appeals denied a request for a stay of implementation of <i>Grier</i> pending appeal. The stay had been requested by a number of organizations who had requested intervention in the lawsuit. These organizations included six TennCare MCOs, the Tennessee Association of Health Maintenance Organizations, the Tennessee Hospital Association, and the Tennessee Pharmacists' Association.
November 2000	The Commission on the Future of TennCare presented its recommendations to Governor Sundquist.
January 2001	The Tennessee Justice Center filed a complaint in federal court regarding allegations of contempt in John B.
July 2001	Two new MCOs, Better Health Plans and Universal Care, began operating.
October 2001	Contract with Access MedPlus was terminated.
December 20, 2001	An Order was issued in the John B. case appointing a special master to help the State develop and implement and plan for compliance with EPSDT standards.
June 24, 2002	Manny Martins was named new TennCare Director.

TennCare was revamped with the intention of dividing it into three programs with separate benefit structures: one for Medicaid eligibles (TennCare Medicaid); one for Demonstration eligibles (TennCare Standard); and one for low income persons who need help purchasing available insurance (TennCare Assist).

TennCare Assist has not yet been funded, and the TennCare Standard benefit package has not been implemented due to a settlement agreement reached in federal court. All persons enrolled in TennCare currently have the same package of benefits.

Eligibility changes in the new program included the following:

A new Medicaid eligibility category was added. This category covered uninsured women under the age of 65 who
had been determined by a Centers for Disease Control (CDC) site to be in need of treatment for breast or cervical
cancer. There was no income limit on this category for Medicaid, although the CDC required that women receiving
screenings at a CDC site have incomes below 250% poverty. Medicaid eligibles have no cost-requirements.

July 1, 2002

- The category of "Uninsurables" was replaced by a category called "Medically Eligibles" (ME). New persons can enroll in this category if they do not have insurance, they meet the ME criteria, and their incomes are below poverty level. Medical eligibility must be proven through a medical underwriting process, and not just a denial letter from an insurance company.
- The definition of "Uninsureds" was tightened by providing a more restrictive definition of the term "insurance."

 Certain groups of uninsured persons who were already on TennCare were "grandfathered" into the new program.
- Persons losing Medicaid eligibility or already enrolled in TennCare in some other category on July 1, 2002, were
 allowed to remain on the program if they were uninsured AND their incomes did not exceed 100% of the poverty
 level for adults and 200% of the poverty level for children OR if they were determined to be medically eligible at
 any income level.
- New enrollment in the Uninsured category continued to be closed. Provisions were made for an annual open enrollment period for low-income persons in this category, depending on the availability of legislative appropriations.
- A process called "reverification" was begun whereby all persons in the Demonstration population were asked to
 make appointments at the Department of Human Services (DHS) in order to determine if they continued to be
 eligible for TennCare through a Medicaid or Demonstration category.

October 2002

A dental carveout program was initiated.

Benefit reductions were scheduled to be implemented for Medicaid eligible adults and persons who were enrolled in TennCare Standard.

January 1, 2003 A "pharmacy-only" program was scheduled to go into effect for TennCare/Medicare dual eligibles who had been grandfathered into the new program.

New copays were scheduled to be implemented.

March 28,

2003

Due to litigation against the State, none of these changes were implemented.

Agreement between the State and the plaintiffs in four lawsuits against the State.

June 1, 2003	Contract with Universal was terminated and Universal's enrollees moved to TennCare Select.
July 1, 2003	All pharmacy services were carved out to a single Pharmacy Benefits Manager (PBM).
August 1, 2003	The State's contract with Xantus was terminated. Xantus' enrollees were moved to TennCare Select.
	The State reached a Settlement Agreement with the plaintiffs in Grier, Rosen, Newberry, and John B. which included:
•	Modifying circumstances in which enrollees could receive prescription medication without authorization,
•	Protections for enrollees who successfully appeal a denial of services,
August 26,•	Extending the grace period for enrollees who lost coverage under the new eligibility criteria,
2003 •	Withdrawing proposed benefit reductions and cost sharing increases that were to have taken effect on January 1, 2003,
•	Withdrawing proposed reductions in home health, and
•	Maintaining EPSDT coverage for non-Medicaid children eligible for TennCare.
December 11, 2003	McKinsey and Company released the first of two reports analyzing the status of TennCare and identifying options for consideration.
February 11, 2004	McKinsey and Company released the second of its two reports analyzing the status of TennCare and identifying options for consideration.
February 17, 2004	Governor Bredesen announced his proposals for "TennCare Transformation." Work groups were developed for key areas and tasked with developing specific recommendations to implement the Governor's proposals.
July 12, 2004	J.D. Hickey was named the new Director of TennCare.
August 19, 2004	The State released a draft waiver amendment request for public comment. The waiver amendment would effectuate the Governor's recommendations for reforming and restructuring TennCare.
September 24, 2004	The State submitted the waiver amendment request to reform and restructure TennCare.
November 10, 2004	Governor Bredesen acknowledged that the proposed TennCare restructuring could not proceed without significant modification of the Consent Decrees and announced that the State would begin the process of phasing out TennCare and returning to the traditional Medicaid program.
January	Governor Bredesen proposed an alternative plan for modifying TennCare in an attempt to keep children on the program. The new proposal included eliminating the Uninsured and Uninsurable adult categories and enncare/information-statistics/tenncare-timeline.html

Governor Phil Bredesen announced that benefit changes which had been scheduled to go into effect on January

1 would take place on April 1, 2003. The benefit reductions did not occur due to progress on a Settlement

3/10/2021 TennCare Timeline 10, 2005 implementing some benefit reductions for adult enrollees. CMS announced that it had approved the state's request to disenroll Uninsured and Uninsurable adults and to March 24, 2005 close the non-pregnant adult Medically Needy categories.

April 29, 2005	The state closed new enrollment into the non-pregnant adult Medically Needy categories.
June 8, 2005	CMS approved a waiver amendment allowing the State to place a limit on prescription drug coverage for non-institutionalized adults and to eliminate dental and methadone clinic services for adults.
August 1, 2005	The waiver amendment allowing the State to place a limit on prescription drug coverage for non-institutionalized adults and to eliminate dental and methadone clinic services for adults was implemented.
December 6, 2005	Governor Bredesen announced that the State would re-open the non-pregnant adult Medically Needy category as a Demonstration group rather than a Medicaid group.
January 11, 2006	The state submitted a waiver amendment to CMS to be able to enroll 100,000 non-pregnant adult Medically Needy individuals as a new demonstration population.
April 7, 2006	A Request for Proposal (RFP) was issued for the first time to recruit MCOs to the TennCare program. The RFP sought MCOs to serve enrollees in Middle Tennessee using an integrated medical and behavioral services model.
May 21, 2006	The State submitted a waiver amendment request to add a Standard Spend Down (SSD) Demonstration category for non-pregnant adults aged 21 or older who are aged, blind, or disabled, or are the caretaker relatives of Medicaid eligible children. The SSD category would be capped at 105,000 enrollees.
June 15, 2006	The State submitted to CMS a request for an extension of the TennCare waiver, which was scheduled to expire on June 30, 2007.
July 17, 2006	Darin Gordon was named the new Director of TennCare.
November 14, 2006	CMS approved the "Standard Spend Down" program, which was the name given to the new program to cover non-pregnant adult Medically Needy persons as a demonstration population under the waiver.
December 31, 2006	TennCare became the first Medicaid program in the country in which all MCOs were accredited by the National Committee for Quality Assurance (NCQA). Active MCOs that did not obtain NCQA accreditation by this date were terminated from the TennCare program.
April 1, 2007	Two new MCOs, AmeriChoice and Amerigroup Community Care, began providing full risk managed care and integrated physical and behavioral health services to TennCare enrollees in Middle Tennessee.
June 30, 2007	Expiration date of the TennCare waiver. As CMS introduced a new dollar limit on pool payments, the State was granted a short-term extension.
October 5, 2007	After six short-term extensions, CMS granted the waiver extension requested by the State for the approval period that began on July 1, 2007.
November 2007	The State conducted an ex parte review of eligibility for persons in the non-pregnant Medically Needy category who had been held on TennCare since the category closed on April 29, 2005. Requests for Information (RFIs) were mailed to persons not found eligible through the ex parte review process.

2021 December 1, 2007	TennCare Timeline The state ended collection of new premiums for refindate standard members with incomes at or above 100 /0 poverty.
February 1, 2008	The State entered a motion in federal court requesting permission to review the eligibility of Daniels dass members and terminating the eligibility of those persons who were determined not eligible for TennCare.
February 29, 2008	The state submitted a waiver amendment to CMS ("Amendment #6") that would allow limits to be placed on he health and private duty nursing services for adults.
March 6, 2008	Governor Bredesen announced details of his proposed "Long-Term Care Community Choices Act of 2008," wh would consolidate long-term care services for elderly and disabled TennCare eligible individuals with managed care services.
April 25, 2008	Following a competitive bid process, TennCare awarded SXC Health Solutions (later known as Catamaran) with three year PBM contract, effective October 1, 2008.
July 11, 2008	The State submitted a concept paper to CMS outlining the Long-Term Care Community Choices program, which would be submitted as a wavier amendment request at a later date.
July 22, 2008	CMS approved Amendment 6, allowing limits to be placed on home health and private duty nursing services for adults.
September 2008	After receiving approval from CMS, TennCare implements adult home health and private duty nursing benefit limits.
October 2, 2008	The State submitted a waiver amendment request ("Amendment 7")_to CMS to implement the Long-Term Car Community Choices program. CMS approved the waiver amendment request on July 22, 2009.
November 2008	Two new MCOs, AmeriChoice and Blue Cross Blue Shield, which were selected through a competitive bid process, began providing full risk managed care and integrated physical and behavioral health to TennCare enrollees in West Tennessee.
January 2009	Two new MCOs, AmeriChoice and Blue Cross Blue Shield, which were selected through a competitive bid process, began providing full risk managed care and integrated physical and behavioral health to TennCare enrollees in East Tennessee. This marked the return of full financial risk for TennCare MCOs statewide.
January 8, 2009	The U.S. Court of Appeals for the Sixth Circuit released the State from the Daniels court order which prevented TennCare from re-verifying the eligibility of approximately 147,000 enrollees, collectively referred to as the "Daniels." The Daniels class consisted of individuals who at one time received SSI cash payments but no longer dand who had not been subject to reverification.
May 2009	TennCare begins the <i>Daniels</i> re-verification process. Enrollees in the <i>Daniels</i> class are asked to fill out the reverification form all other enrollees must complete annually to determine whether they are still eligible for the program.
June 2009	The State submitted a request for a three year extension of the TennCare waiver, scheduled to expire on June 2010.
July 22, 2009	CMS approved Amendment 7 to implement the Long-Term Care Community Choices program, now known as TennCare CHOICES in Long-Term Care Program (CHOICES). Implementation of CHOICES began in March 2010.
September	TennCare Select assumed responsibility for the behavioral health services of its enrollees, resulting in program-wide integration of medical and behavioral health services. TennCare Select is operated by Blue Cross Blue

1, 2009

Shield and serves approximately 72,000 children, including toster children, children receiving SSI, and children under age 21 in a nursing facility (NF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). TennCare Select also serves as the State's back-up MCO.

September 28, 2009	TennCare Select assumed responsibility for the behavioral health services of its enrollees, resulting in program-wide integration of medical and behavioral health services. TennCare Select is operated by Blue Cross Blue Shield and serves approximately 72,000 children, including foster children, children receiving SSI, and children under age 21 in a nursing facility (NF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). TennCare Select also serves as the State's back-up MCO.
December 15, 2009	CMS approved the State's request for a three-year extension of the TennCare waiver for the approval period beginning on July 1, 2010. With the extension approval, CMS also approved Amendment 8 to remove limits on inpatient and outpatient substance abuse treatment benefits for adults.
January 2010	TennCare completed the Daniels re-verification process. Approximately 100,000 individuals were on the program whose eligibility could not be verified. Of those no longer eligible for TennCare, more than 65 percent continued to have health coverage through Medicare.
March 2010	TennCare began shifting to an annual MCO change period based on Grand Region: West Tennessee – March; Middle Tennessee – May; East Tennessee – July.
March 1, 2010	The CHOICES program began implementation in Middle Tennessee.
March 23, 2010	The Patient Protection and Affordable Care Act (ACA) was signed into law by President Barack Obama. Implementation of the ACA resulted in multiple changes in Medicaid programs, such as TennCare, including application processes, eligibility criteria, and benefit requirements.
May 14, 2010	TennCare submitted a waiver amendment request ("Amendment 10") to CMS. Amendment 10 recognizes the additional revenues available to TennCare from the hospital assessment fee.
June 2010	TennCare began to transition certain individuals enrolled in IID waiver programs to Select Community, a nurse care manager program operated by TennCare Select.
July 21, 2010	TennCare submitted a waiver amendment request ("Amendment 11") to CMS. This amendment expands the PSHP pool and adds Nashville General Hospital as a participant.
November 2010	The Center for Health Care Strategies (CHCS), a non-profit health policy resource center, identified CHOICES as one of five Medicaid long-term care programs demonstrating expertise in addressing long-term care needs using a managed care approach.
December 16, 2010	CMS approved Amendment 11 to expand the PSHP pool and adding Nashville General Hospital as a participant.
January 1, 2011	AmeriChoice changed its name to UnitedHealthcare Community Plan.
January 3, 2011	TennCare opened registration for the Electronic Health Record (EHR) Incentive Program. Tennessee was one of only 11 states that began to operate the EHR Incentive Program on the day it was launched by CMS. The program awarded cash grants to Medicare and Medicaid providers to demonstrate "meaningful use" of electronic health record technology.

/2021	TennCare Timeline
January 7, 2011	IennCare submitted a grant proposal to CMS to participate in the Money Follows the Person (MFP) demonstration program, in which long-term care funding supports, or "follows", the patient to appropriate community placements.
February 22, 2011	TennCare is awarded an MFP grant through 2016. Grant funds are required to be used for HCBS supports and fo transition of NF patients back into the community.
February 28, 2011	TennCare submitted a waiver amendment request ("Amendment 12") to CMS. This amendment proposes severa changes to the TennCare benefit package for adults to bring TennCare's budget in line with state revenues.
April 5, 2011	TennCare is awarded a grant from the Center for Medicare and Medicaid Innovation (CMMI) to devise a system of integrated care for Medicare/Medicaid dual eligibles. Tennessee is one of only 15 states to be awarded a grant. TennCare's proposed plan, TennCare Plus, would add Medicare Part A and Part B benefits to the TennCare program, allowing dual eligibles to receive coordination of care through their TennCare MCO.
July 1, 2011	The Bureau of TennCare began covering medically necessary smoking cessation products for all enrollees. Previously, the benefit was only available to pregnant women and enrollees under the age of 21.
September 12, 2011	The TennCare Standard Spend Down Program opened enrollment for the third time accepting new enrollees.
February 7, 2012	The TennCare Standard Spend Down Program opened enrollment for the fourth time accepting 2,500 new applicants.
February 14, 2012	The District Court for Middle Tennessee issued a decision for John B. following a month long trial, ruling that the State was in substantial compliance with earlier orders and the case can be closed. The case went to the Sixth Circuit Court of Appeals for further review.
March 1, 2012	The State submitted a waiver amendment request to open the "Interim CHOICES 3" eligibility category to preserve eligibility for individuals who would do not meet the NF level of care, but are at risk of institutionalization.
June 29, 2012	The State submitted an extension request for the TennCare Demonstration waiver, which is set to expire on June 30, 2013.
August 3, 2012	The State issued an RFP for a new PBM. The contract between TennCare and Catamaran (formerly SXC Health Solutions) was set to expire on May 31, 2013.
November 6, 2012	TennCare awarded the new PBM contract to Magellan Health Services, effective June 1, 2013.
December 19, 2012	TennCare announced its decision to join Catalyst for Payment Reform (CPR). CPR is a national independent organization led by large purchasers of health insurance with active involvement of providers, health plans, consumers, and labor groups working to improve health care quality and reduce costs by identifying and coordinating workable solutions to improve how health care is paid for in the United States.
December 21, 2012	The State withdrew its proposal for TennCare Plus.
December 31, 2012	CMS approved the State's application to renew the TennCare Demonstration waiver for a three-year period beginning July 1, 2013 through June 30, 2016.
February 1, 2013	The State issued an RFP for a new Dental Benefits Manager (DBM). The contract between TennCare and Delta Dental of Tennessee (operating in the TennCare program as "TennDent") was set to expire on September 30, 2013.
F=h=.==.	Townson and of 40 states were interesting a Decimal One Model Design According on CMC State Investories

/2021 February 21, 2013	TennCare Timeline Iennessee was one or 16 states receiving a Round One ivided Design Award under Civis State Innovation Model (SIM) Initiative to develop a health care payment and delivery reform system.
March 14, 2013	The Sixth Circuit Court of Appeals issued a unanimous opinion upholding the District Court's decision to dismiss the John B. case, bringing the lawsuit to a close after 17 years.
April 24, 2013	TennCare awarded the new DBM contract to DentaQuest USA Insurance Company, effective May 15, 2013 (with service delivery beginning on October 1, 2013).
October 1, 2013	Open enrollment for the ACA-implemented Federally-Facilitated Marketplace (FFM), also known as HealthCare.gov, began. Tennesseans enrolling in health care insurance plans, including the TennCare program, can submit applications through the FFM.
October 2, 2013	The State issued an RFP for three MCOs to provide managed care services statewide, rather than in selected Grand Regions, with service delivery set to begin on January 1, 2015.
December 16, 2013	The State announced that Amerigroup, Blue Cross Blue Shield, and UnitedHealthcare had been awarded the statewide service delivery contracts. New contracts with these MCOs will be effective from January 1, 2014 through December 31, 2016, with an option for five one-year extensions.
December 17, 2013	The State submitted a waiver amendment request to CMS in order to continue new enrollment in the Interim CHOICES 3 group through June 30, 2015 and increase funding in the Essential Access Hospital (EAH) and the Public Hospital Supplemental Payment (PHSP) Pools.
December 30, 2013	CMS approved the State's waiver amendment request to continue new enrollment in the Interim CHOICES 3 group through June 30, 2015. The request for increased funding in the EAH and PHSP Pools remains under consideration by CMS.
January 1, 2014	Many provisions of the ACA were fully implemented. Medicaid programs, including TennCare, enact changes to multiple program areas, such as application processes, eligibility criteria, and benefit requirements, as mandated by the ACA.
May 2014	The Tennessee Health Care Innovation Initiative released the preview reports for Wave 1 episodes of care: acut asthma exacerbation, perinatal and total joint replacement.
June 2, 2014	TennCare submitted to CMS a concept paper, developed in collaboration with the Department of Developmenta Disabilities, outlining a Employment and Community First (ECF) CHOICES, an MLTSS program providing HCBS for individuals with intellectual and developmental disabilities. The goal of ECF CHOICES is to promote and support integrated, competitive employment and independent living for eligible persons.
July 27, 2014	The Wilson lawsuit, regarding TennCare's application and eligibility determination process since the implementation of the ACA, was filed in federal court.
September 2014	A U.S. District Court Judge, presiding over the Wilson case, ordered TennCare to take responsibility for delayed applications, calling for the agency to hold hearings upon request for coverage determinations.
	Governor Haslam announced plans for Insure Tennessee, a two-year pilot program to provide health care coverage to certain low-income individuals who lack access, or have limited options, to health insurance. Insure Tennessee is an alternative approach to the optional Medicaid expansion that would provide benefits to adults w incomes up to 138% of the poverty level who are not otherwise eligible for Medicaid, and included a choice of two plans:
December • 15, 2014	The Volunteer Plan: Individuals with access to Employer Sponsored Insurance would be provided with a defined contribution from the State to cover a portion of the individual's premiums, as well as some or all of his deductible or copays.

• The Healthy Incentives Plan: Provides coverage to individuals through an Alternative Benefits Plan—a replica of the TennCare benefits package. Individuals may be required to pay premiums and copays on certain services based on their income level, which can be reduced through completion of identified healthy behaviors.

December 2014	Tennessee was awarded a Round Two SIM Model Test Award to implement and test its health care payment and delivery system reform focusing on primary care transformation, episodes of care, and long-term services and supports.
February 2, 2015	The Tennessee General Assembly convened a special session, called by Governor Haslam, to consider a joint resolution on Insure Tennessee. Following two days of hearings, the Tennessee Senate Health and Wellness Committee voted 7-4 against the implementation Insure Tennessee, ending the special session.
April 18, 2015	The State submitted a waiver amendment request to CMS to extend funding of the supplemental payment pools, primarily used to offset the costs of uncompensated care, which expires on December 31, 2015. The State requested extension of funding through the end of the current waiver approval period on June 30, 2016.
June 23, 2015	The State submitted a waiver amendment request to CMS to implement the ECF CHOICES program to provide managed long-term services and supports to individuals with intellectual and developmental disabilities.
October 8, 2015	The State submitted a waiver amendment request to CMS to close enrollment for the Standard Spend Down eligibility category.
December 11, 2015	CMS approved the State's waiver amendment request to extend funding of supplemental payment pools through the conclusion of the current Demonstration waiver approval period.
December 22, 2015	The State submitted to CMS an application to renew the TennCare Demonstration waiver for a five-year period from July 1, 2016, through June 30, 2021. As negotiations between CMS and the State on the application continued, CMS granted temporary extensions of the Demonstration waiver on June 30, August 29, September 30, and October 31, 2016.
February 2, 2016	CMS approved the State's waiver amendment requests to implement the ECF CHOICES program and to eliminate the Standard Spend Down eligibility category.
July 1, 2016	Dr. Wendy Long assumed the joint roles of Director of TennCare and Deputy Commissioner of the Tennessee Division of Health Care Finance and Administration.
July 1, 2016	The State implemented the ECF CHOICES program.
December 16, 2016	CMS approved the State's application to extend the TennCare Demonstration waiver through June 30, 2021.
September 6, 2017	The State submitted a waiver amendment request to CMS to establish a two-year pilot project in which certain TennCare enrollees would receive a medication therapy management benefit in addition to the traditional TennCare benefits package.
February 1, 2018	CMS approved the State's waiver amendment request for a two-year pilot project involving a medication therapy management benefit.
February	The State submitted a waiver amendment request to CMS to modify the Special Terms and Conditions governing TennCare's supplemental payments to hospitals. The waiver amendment proposes to adjust the amount TennCare is authorized to spend in the Uncompensated Care Fund; to retain the supplemental payment pool for

Meharry Medical College; and to amend the timeframe over which TennCare is required to transition to a new supplemental payment structure. The State submitted a waiver amendment request to CMS to cover short-term substance use disorder treatment May 25. needs in facilities that meet the definition of an institution for mental diseases (i.e., inpatient facilities with more 2018 than 16 beds that are primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases). In compliance with a state law (Public Chapter No. 682 from Tennessee's 2018 legislative session), the State August 10, submitted a waiver amendment request to CMS to limit the participation of elective abortion providers in the 2018 TennCare Demonstration. The State submitted a waiver amendment request to CMS to make modifications to the ECF CHOICES program November (including the addition of two new benefits and two new benefit groups) and to remove children receiving 8, 2018 Supplemental Security Income from the list of populations automatically assigned to the TennCare Select health plan upon enrollment in TennCare. In compliance with a state law (Public Chapter No. 869 from Tennessee's 2018 legislative session), the State December submitted a waiver amendment request to CMS proposing to establish workforce participation and community 28, 2018 engagement as an expectation for certain TennCare enrollees. **January** John G. (Gabe) Roberts assumed the joint roles of Director of the Division of TennCare and Deputy Commissioner 2019 of the Tennessee Department of Finance and Administration. January 9, The State awarded the new Pharmacy Benefits Manager contract to Optum Rx, Inc., with service delivery 2019 scheduled to begin on January 1, 2020. January The U.S. District Court for the Middle District of Tennessee issued a ruling in favor of TennCare in the Wilson 23, 2019 lawsuit. The plaintiffs did not subsequently appeal the ruling. March The State officially launched on a statewide basis a new eligibility and enrollment system known as "TennCare 2019 Connect." In compliance with a state law (Public Chapter No. 494 from Tennessee's 2019 legislative session), the State September submitted a waiver amendment request to CMS seeking approval for a new "Katie Beckett" program. The 20, 2019 program would assist children under age 18 with disabilities and/or complex medical needs who are not eligible for Medicaid because of their parents' income or assets. The State submitted a waiver amendment request to CMS to increase funding for graduate medical education October expenditures and to enhance the State's ability to reimburse qualifying Tennessee hospitals for the costs of 24, 2019 providing unreimbursed care. November In compliance with a state law (Public Chapter No. 481 from Tennessee's 2019 legislative session), the State 20, 2019 submitted a waiver amendment request to CMS to convert the bulk of TennCare's federal funding to a block grant. CMS announced that Tennessee was one of ten states selected to receive a Maternal Opioid Misuse Model grant. December The purpose of the grant is to assist states in combating the nation's opioid crisis and address fragmentation in the 19, 2019 care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder. March 3, Steven Smith assumed the joint roles of Director of the Division of TennCare and Deputy Commissioner of the 2020 Tennessee Department of Finance and Administration. The State submitted a waiver amendment request to CMS to extend by one year the pilot project involving a March 19, 2020 medication therapy management benefit for certain TennCare enrollees. CMS approved the State's waiver amendment request for a one-year extension of the medication therapy June 30,

2020 management pilot project.

November 2, 2020

CMS approved the State's waiver amendment request for a "Katie Beckett" program.